



DC Automatic Student Loan Servicer License Certification

GENERAL INFORMATION: The District of Columbia [Department of Insurance, Securities and Banking](#) (DISB) requires Applicants to COMPLETE AND FILE this Certification in connection with the application for an initial Automatic Student Loan Servicer License submitted via the Nationwide Multistate Licensing System (NMLS). Questions about this Certification may be directed to DISB Banking Bureau staff by phone at 202.727. 8000 via email to bankingbureau@dc.gov.

Effective October 1, 2025, the DC Department of Insurance, Securities and Banking will accept license applications for the Automatic Student Loan Servicer License. In accordance with DC Official Code §§ 31-106.01 and .02, the Automatic Student Loan Servicer License is designated for any person or entity that solely acts or solely intends to act as a student loan servicer pursuant to a contract with the United States Secretary of Education under 20 U.S.C. 1087f or by the United States Department of the Treasury. The Automatic Student Loan Servicer License is an irrevocable perpetual license that shall not expire for such time as the licensee is servicing loans pursuant to a contract with the United States Secretary of Education or with the United States Department of the Treasury as described above.

DELIVERY INSTRUCTIONS: Upload the completed Certification in the NMLS under the Document Type **Additional Requirements** in the Document Uploads section of the Company Form (MU1).

APPLICANT'S NAME: _____

APPLICANT'S NMLS Company ID: _____

Attest to the following Certification:

I hereby certify that, _____

APPLICANT'S NAME

is currently or intending to service student loans pursuant to a contract awarded by the United States Secretary of Education under 20 U.S.C. § 1087f or by the United States Department of the Treasury.

I, _____,

PRINTED NAME of Authorized Signer (i.e., *Direct Owner or Executive Officer*) listed in NMLS

hereby certify, under penalty of perjury, the statements and representations in this Certification, are true and correct to the best of my knowledge, information and belief. I understand that any false or fraudulent representations in connection with this Certification may be cause for denial of the application or regulatory enforcement action against the Applicant.

Signature

____/____/_____
Date

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public Signature _____ **My Commission Expires** ____/____/____